

KANSAS MEDICAID STATE PLAN

Revision: HCFA - Region VII
AUGUST 1990

ATTACHMENT 3.1-B
Page 8a

STATE Kansas

24. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA'89):

Provided: No Limitations With Limitations*

* Description provided on attachment.

TN/MS-90-35 Approval Date 10/4/90 Effective Date 7/1/90 Supersedes TN/Nothing

State/Territory: Kansas

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY
NEEDY GROUP(S): _____

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

_____ provided x not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

___ provided: ___ State Approved (Not Physician) Service Plan Allowed
 ___ Services Outside the Home Also Allowed
 ___ Limitations Described on Attachment

 x not provided

State: KANSAS

Citation: AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDI-
1905(a)(26) CALLY NEEDY GROUP(S): _____
and 1934 _____

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

- Provided
 Not Provided

SEP 07 1999

TN #: ~~99-04~~ Approval Date:

Effective Date: 1/1/99

Supersedes TN #: N/A